2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90074 002 ***158.75

DOCUMENT # P03000006567

1. Entity Name

AMERICAN TRUST TAX ADVISORY GROUP, INC.

Principal Place of Business	Mailing Address
~~24622~~ 24620 SR 54 LUTZ FL ~~34836~~ 33559	P.O. BOX 7585 WESLEY CHAPEL FL 33544

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
24620 SR 54		24620 SR 54	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lutz FL		City & State: Lutz FL	
Zip: 33559	Country: USA	Zip: 33559	Country: USA

4. FEI Number 81-0601306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRELSER, RHODA
~~30120 SR 54~~
~~WESLEY CHAPEL FL~~ 33544

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 24620 SR 54
City: LUTZ FL Zip Code: 33559

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] RHODA STRELSER 2-28-05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	STRELSER, RHODA		NAME		
STREET ADDRESS	~~24622~~ SR 54 24620		STREET ADDRESS	24620 SR 54	
CITY-ST-ZIP	LUTZ FL ~~34836~~ 33559		CITY-ST-ZIP	LUTZ, FL 33559	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RHODA Strelser 2-28-05 (813) 948 7955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #